COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled USE OF HSV AMPLICON VECTORS AS VACCINES FOR INFECTIOUS DISEASE, the specification of which:

[X] is attached hereto.
[] was filed on _ as Application Serial No. _ and was amended on ________________.
[] was described and claimed in PCT International Application No. ________________ filed on ________________ and as amended under PCT Article 19 on ________________.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/253,858	November 29, 2000	Pending
50/250,079	November 30, 2000	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 3 Pages

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Inventor's Signature: ______________________ Date: ____________
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Full Name of Inventor: WILLIAM J. BOWERS

Inventor's Signature: ______________________ Date: ____________
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Inventor's Signature: ______________________ Date: ____________
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A[illegible]ey's Docket No.: 12610-011001
Client's Ref. No.:

Combined Declaration and Power of Attorney

Page 3 of 3 Pages

Full Name of Inventor: PETER K. HOCKNELL

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